

July 22, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0706-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF YOUR CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 22, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0706-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of MRI of cervical and thoracic spine and brain, with contrast.
2. Physician's office notes.
3. Operative report, dated August 2001.
4. Radiology report.

B. SUMMARY OF EVENTS:

This is a gentleman who reports that on or about ____, while working as a plumber, he used a very heavy wrench to twist a pipe. At that time, he was pulling on a pipe and sustained severe low back pain. He was evaluated and treated conservatively, and worked up. Radiographic images for this noted multiple-level lumbar disk disease. Treatment continued with

conservative modalities, and when that did not provide amelioration of the symptomatology, he was then taken to the operating room. He continued to have a great deal of pain. From the date of injury through September 19, 2001, the only complaints were of lower lumbar pain.

On October 12, 2001, the patient was seen by___ who did a comprehensive assessment of the entire situation. At that point, ___ felt that there was clinical symptomatology of a central cord pathology with underlying degenerative lumbar disease. ___ felt that a brain MRI, as well as a screening cervical and thoracic spine MRI, needed to be done to insure that there was not some other type of lesion causing his “shakiness and weakness.” ___ wanted to do this to rule out any other organic lesion that was not necessarily a traumatic lesion.

___ also notes that there was a history of closed head trauma. However, there was no discussion of a closed head trauma in any of the prior notes. I would refer you to the January 11, 2002, progress notes. Clearly, this aspect of the injury needs to be assessed as well.

C. DISPUTED SERVICES:

The disputed services would appear to be an MRI of the brain, MRI of the cervical spine, and MRI of the thoracic spine, without contrast.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. IN MY OPINION, MRI OF THE CERVICAL AND THORACIC SPINE AND BRAIN, WITH CONTRAST, IS MEDICALLY NECESSARY.

However, in my opinion, the treatment required is clearly not a function of this compensable injury. Therefore, treatment is not warranted to treat the compensable low back injury.

Please note this is a gentleman who, while being in an awkward position in completing his job, sustained a compensable low back injury. From the date of injury ___ through the next 7 years (September 19, 2001), the entire situation functioned on his low back pain. There was never any mention of a closed head injury in all that time. Then, the assessment of ___ notes that there was a head injury, and at this time, apparently, there are neurologic findings. Clinically, the studies need to be completed. However, given that there was never any complaint of a cervical or thoracic injury or that this may be an organic lesion or tumor, this clearly did not come under the peer review of the compensable injury.

Therefore, given the medical records provided and the standard that the lifetime active treatment is fair and reasonable and to be based on the compensable injury alone, this treatment is not a function of this compensable injury.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 22 July 2002